



SELF-REQUEST FOR RECORDS

The response to your request will be sent within 5 BUSINESS DAYS.

Provide the following information:

Print Your Name (please include any alias or maiden name):

Print Your Social Security Number:

1) Check one or more boxes to indicate the records being sought:

☐ I am requesting a copy of my Employment History from

(start date) through (end date)

☐ I am requesting a copy of my Unemployment Payment History from

(start date) through (end date)

☐ If you are seeking records other than the above (identify here):

Mail or Fax information to:

Name:

Address Line 1:

Address Line 2:

City State Zip Code:

Return Fax #:

Send request to:

Employment Security Department

Attn: Records Disclosure Unit

P.O. Box 9046

Olympia WA 98507-9046

Fax # (360)586-2133

Phone # (360) 586-2132

2) By signing below I certify that I am the individual whose records are being requested:

Signature(Required)

Date